

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

08/783734

FILING DATE

01/16/97

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		1				
2		/					52		3				
3		/					53		/				
4		/					54		/				
5		/	9				55		/	D			
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		/					59	/					
10		/					60		/				
11		/					61		2				
12		/					62		2				
13		/					63		2				
14		/					64		2				
15		/					65		2				
16		/					66		2				
17		2					67						
18		/					68						
19		/					69						
20		/					70						
21		3					71						
22		2					72						
23		2					73						
24	/						74						
25		/					75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		3					82						
33		3					83						
34		1					84						
35		1					85						
36		3					86						
37		1					87						
38		1					88						
39		1					89						
40		3					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		3					99						
50	/						100						
TOTAL IND.		6					TOTAL IND.	6					
TOTAL DEP.		83					TOTAL DEP.	83					
TOTAL CLAIMS		89					TOTAL CLAIMS	89					